

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001616

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: BEACH CARE SERVICES, INC.

## Current Principal Place of Business:

8317 FRONT BEACH RD  
SUITE 31  
PANAMA CITY, FL 32408

## New Principal Place of Business:

1717 THOMAS DR.  
PANAMA CITY, FL 32408

## Current Mailing Address:

8317 FRONT BEACH RD  
SUITE 31  
PANAMA CITY, FL 32408

## New Mailing Address:

1717 THOMAS DR.  
PANAMA CITY BEACH, FL 32408

FEI Number: 59-3568025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURKE, MICHAEL S  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TRES ( ) Delete  
Name: BRYSON, BRENDA  
Address: C/O COASTAL COMMUNICATIONS  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VP ( ) Delete  
Name: SIMMONS, LAURIE  
Address: 1318 HARBOUR WAY  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: P ( ) Delete  
Name: HARDEGREE, JUDITH  
Address: 107 SUN LN  
City-St-Zip: PANAMA CITY BEACH, FL 324135212

Title: S ( ) Delete  
Name: ABRENS, GAYLE  
Address: 8601 SURF DR  
City-St-Zip: PANAMA CITY, FL 32408

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HARDEGREE, JUDY  
Address: 127 SUN LANE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: V (X) Change ( ) Addition  
Name: GALBREATH, STACIE  
Address: 3120 THOMAS DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: T (X) Change ( ) Addition  
Name: BRYSON, BRENDA  
Address: 123 GWYN DR  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: S (X) Change ( ) Addition  
Name: AHRENS, GAYLE  
Address: 107 GOLF DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAYLE AHRENS

S

04/20/2009

Electronic Signature of Signing Officer or Director

Date